



Application for Accreditation

Independent Study Updated

Date Received
Complete
Original File #
Original Expiry Date
To Review Panel
Panel #
Review Due
Preliminary Report Due
Final

Cheque Received
Receipt #
Updated Expiry Date

In submitting an application for accreditation, providers and sponsors confirm an understanding of and compliance with the most current version of the *Guidelines and Criteria for CCCEP Accreditation*, as posted on our web site at www.cccep.ca or as advised by the Executive Director.

Failure to adhere to the Guidelines and Criteria may result in denial of accreditation or revocation of accreditation.

CCCEP will not commence the review process until the submission is complete.

All required forms are available on the CCCEP web site.

Section 20.4 states that all criteria must be completed prior to accreditation of a program.

1. Submission Date _____
2. Original Program Title _____
Updated Program Title _____
3. Original CCCEP File # _____
and Expiry Date _____
4. Initial Publication Date _____
Updated Publication/Distribution Date _____
5. Program Format (Print, Web, CD, etc) _____

6. Review Process Requested

- ☐ **Updated Program Review** (preliminary report to contact person six weeks from receipt of complete submission)

7. Accreditation Fee Enclosed \$

(Refer to Section 34 of the Guidelines - fee subject to GST)

8. Program Provider (person or group responsible for development and submission)

Name/ Title _____

Company _____

Mailing Address _____

Phone _____ Fax _____

Email _____

9. Program Distributed by (if different from above)

Name/Title _____

Company _____

Mailing Address _____

Phone _____ Fax _____

Email _____

10. Program Sponsored by (if different from above)

Name/Title _____

Company _____

Mailing Address _____

Phone _____ Fax _____

Email _____

11. Contact Person (any inquiries from CCCEP, and the accreditation report, will be directed to this person.)

Name/Title _____

Company _____

Mailing Address _____

Phone _____ Fax _____

Email _____

12. Author(s) (attach separate page for additional authors)

Name/Degree(s) _____
Current Position _____
Employed at _____

Mailing Address _____

Phone _____ Fax _____

Email _____

Topic Expertise _____

13. Expert Reviewer (1)

Name/Degree(s) _____

Current Position _____

Employed at _____

Mailing Address _____

Phone _____ Fax _____

Email _____

Topic Expertise _____

14. Expert Reviewer (2)

Name/Degree(s) _____

Current Position _____

Employed at _____

Mailing Address _____

Phone _____ Fax _____

Email _____

Topic Expertise _____

15. Enclosed with this application:

Seven sets, each including a copy of:

- ☐ The program text/videos/cd/instructions, etc (following author revisions per Expert Reviewer comments) *Deletions and additions must be clearly identified.*
- ☐ Disclosure statements for publication
- ☐ Learning Objectives
- ☐ Table of Contents or Index
- ☐ Reference List
- ☐ Information available to learner re submission of answers, marks required, and notification of results
- ☐ Post-Test Questions (*entirely new*)
- ☐ Answer Key with Rationale (as a separate document - not attached to lesson /post test)
- ☐ Alternate Learner Assessment (if applicable)
- ☐ Program Evaluation Form
- ☐ Sample Certificate or Letter for participants
- ☐ Required information re Author(s) (or copy of application form)
 - Name/degree(s)
 - Current Position and Employer
 - Full Contact Information
 - Topic Expertise (**not** a C.V.)
- ☐ Author's written response to Expert Reviewers' comments
- ☐ Required information for each Expert Reviewers (or copy of application form)
 - Name/Degree(s)
 - Current Position and Employer
 - Full Contact Information
 - Topic Expertise (**not** a C.V.)
- ☐ Signed Expert Reviewer release statement with all comments attached (collated/typed)
- ☐ Disclosure Forms
 - Author
 - Expert Reviewers
 - Provider

16. This program will be translated into French: yes no

If 'Yes', the provider must submit the required signed statement (available on the web page) from the translator after the translation is completed, following final approval by CCCEP of the English submission.

Once the translation is confirmed, CCCEP will advise all provincial CE offices (including Quebec) that the program is available in a French translation.

**The preliminary and final reports from the Executive Director
will be sent by email to the contact person noted above.**

A copy by fax/mail can be provided on request.